



# State of Michigan Employee 2015 Insurance Open Enrollment

Monday, August 3 through Friday, August 28, 2015

## What would you like to view?

Use the buttons below to navigate.

Insurance Rates

IOE Timeline & How to Enroll

MSPTA Represented Only - Plan Changes

Understanding Your Plan

FAQ

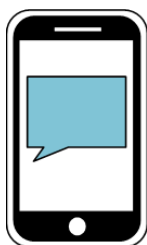
Required Documentation

Eligibility Guidelines

Insurance Provider Information

Other Eligible Adult Individuals (OEAI)

Important Notices



To receive IOE text alerts, send **MCSC OE** to the number **468311**

## Do I need to participate?

If you answer YES to any one of the following. You must visit [www.mi.gov/selfserv](http://www.mi.gov/selfserv) or call MI HR Service Center 1-877-766-6447:

- ☐ I want to make changes to my current benefit elections.
- ☐ I have an individual that I would like to add or change their coverage on my health, dental, vision or life coverage.
- ☐ I would like to review my current coverage.

There is no need to participate if you would like to keep your current coverage. Keep in mind that enrollment or changes to your current coverage (health, dental, vision, life, and long term disability (LTD) insurance) can only be made during this open enrollment, or within 31 days of a qualifying life event (such as marriage, birth, divorce, student eligibility, etc.).

## HIPAA Exemption Notice

Under a federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits state and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. The State of Michigan has elected to exempt the State of Michigan State Health Plan PPO from the following requirements:

**For questions about HIPAA Exemption**  
contact the Employee Benefits Division at:  
(800) 505-5011 or (517) 373-7977  
711 for Michigan Relay

Parity in the application of certain limits to mental health benefits. Group health plans (of employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefits must ensure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan. The exemption from these federal requirements will continue to be in effect for the period of plan coverage beginning October 11, 2015 and ending October 8, 2016. The election may be renewed for subsequent plan years.

HIPAA also requires the Plan to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a pre-existing condition exclusion if you join another employer's health plan, or if you wish to purchase an individual health insurance policy. As required by state law (MCL 550.544), notice is provided that, as a rider under your health coverage, elective abortion is included and may be used by a covered dependent without notice to the employee.

### HIPAA Privacy Notice

The HIPAA Notice of Privacy Practices for the benefit plans is available on the Civil Service Commission Website at:  
[www.michigan.gov/documents/HIPAA\\_Plans\\_Privacy\\_Notice\\_61312\\_7.pdf?20150728145147](http://www.michigan.gov/documents/HIPAA_Plans_Privacy_Notice_61312_7.pdf?20150728145147).

## Special Enrollment Rights

If you decline to enroll because you have other health coverage, and you or your dependent loses eligibility for the other coverage or the employer stops contributing towards the coverage, you may be able to enroll in this plan. However, you must request enrollment within 31 days after you or your dependent's other coverage ends or after the employer stops contributing toward the other coverage.

Special enrollment is also available to (1) those who become eligible for premium assistance under Medicaid or the Children's Health Insurance Program (CHIP), and (2) those who lose coverage under Medicaid or CHIP because they are no longer eligible, not because of non-payment. The deadline for these two enrollments is 60 days after eligibility or termination.

To request special enrollment or obtain more information, contact the [MI HR Service Center](#).

## Other Eligible Adult Individuals (OEAI)

### Enrolling an OEAI and an OEAI's Dependent Children

If you wish to enroll an OEAI in your health insurance, you may enroll via [MI HR Self-Service](#) or by calling the MI HR Service Center. After enrollment you must submit the following documents to the MI HR Service Center by **September 30, 2015** to maintain OEAI enrollment:

- [Enrollment Application and Affidavit](#)
- Copy of age verification (18 or older):
  - birth certificate,
  - passport,
  - driver's license, or
  - other governmental document indicating date of birth
- Documents establishing joint residence for the past 12 months (e.g., bank statement, utility bills, etc.) In addition to the above, [required documentation](#) must be submitted to maintain enrollment of an OEAI's dependent.

Only Employees represented by:

- **UAW** (W22, W41)
- **SEIU** Local 517M (E42, H21, & L32)
- **MSEA** (A02, A31)

And Non-Exclusively Represented Employees (**NEREs**) are eligible to enroll OEAI's in health insurance.

### Tax Implications

In accordance with IRS regulations, State of Michigan employees are responsible for paying taxes associated with the fair-market value of enrolling an OEAI and the OEAI's dependents. Additional information on [OEAI tax implications](#) is available on the Employee Benefits Division website at [www.michigan.gov/ioe](http://www.michigan.gov/ioe).

### Termination of Benefits

OEAI and OEAI dependent benefit coverage will not take effect if documentation is not received by the MI HR Service Center by **September 30, 2015**.

Note: when criteria for enrollment is no longer met, you must notify the MI HR Service Center within 14 calendar days. Coverage will end effective the date [OEAI eligibility criteria](#) are no longer met.

Insurance Open Enrollment documentation must be received by the MI HR Service Center by **September 30, 2015**.

## Eligible Dependents

Eligible dependents may be enrolled in your health, dental, and vision plans (OEAI and their dependents can only be enrolled in health plans.) Dependents include your spouse and any of your unmarried children until the day before their 19th birthday. In addition to being unmarried, your eligible child(ren) must be one of the following:

- Child by birth, legal adoption, or legal guardianship. In the case of legal adoption, a child is eligible for coverage as of the date of placement. Placement occurs when you become legally obligated for the total or partial support of the child.
- Step-child that lives with you at least 50% of the time and for whom your spouse must provide at least 50% of their support is eligible to receive health, dental, and vision coverage. All step-children are eligible for health coverage regardless of residence and support.
- Foster child placed in your home by a state agency or the court.

## Student Eligibility

To enroll, or continue enrollment in dental and vision plans (health coverage continues automatically until the end of the month in which the dependent turns 26), a dependent must be your child by birth, legal adoption, or a step-child from the age of 19 up to their 25th birthday meeting the following criteria:

- Enrolled and regularly attending an accredited educational institution (may have a lapse in attendance for only one term or semester per calendar year to be considered regularly attending); AND
- You provide at least 50% of their support; AND
- Unmarried.

If this enrolled dependent takes a leave of absence from studies due to a medical necessity, as certified by a physician, health coverage will not be discontinued during the first year of the absence, unless the dependent turns 25.

## Adult Children (Health Only)

Eligible children from the age of 19 up to their 26th birthday may be enrolled in your health coverage regardless of marital, student status, or dependency upon you for support. Coverage does not extend to dental or vision plans or to their spouse or children. To be eligible for health coverage, a dependent must be: A child by birth, legal adoption, step-child, or a dependent of an Other Eligible Adult Individual (OEAI). Coverage will terminate at the end of the month in which the dependent turns 26.

## Dependent Life Insurance

Eligible dependents can include your spouse and/or unmarried children between the ages of 14 days up to their 23rd birthday for whom you provide at least 50% of their support. These dependents are not required to be enrolled in school. Your spouse is also eligible if they are not a State employee or State retiree. As a State of Michigan employee or retiree you are automatically enrolled in life insurance. If this coverage is maintained, you are not eligible to be covered as a spouse or dependent on another employee or retiree Dependent Life Insurance Plan.

## Eligibility Exclusions

If you and your spouse, retiree or active, are both covered by State Group Insurance Plans you may; maintain separate coverage through your individual plans, or enroll in one plan, with one of you listed as a dependent. If you choose to maintain separate coverage, your child(ren) can only be listed as a dependent on one plan, not both. This applies even if you are divorced.

An employee's spouse, OEAI, and dependents are not eligible for coverage if he or she is in the Armed Forces. Individuals who are called to active military duty are eligible for coverage under TRICARE, effective the date of active duty orders.

## Continuing Coverage for Incapacitated Children

Incapacitated children are those who are unmarried, unable to sustain employment because of a developmental disability or physical disability, and must depend on their parents for support and maintenance. If your enrolled dependent is deemed an incapacitated child, the coverage for this child shall not terminate beyond age 19 if the following conditions are met:

- He or she became incapacitated before age 19 and is chiefly dependent upon the employee for support and maintenance,
- Documentation verifying the child's condition was provided to the insurance carrier prior to the child becoming 19, or within 31 days of their 19th birthday,
- The child continues to be incapacitated, and
- Your coverage does not terminate for any other reason.

## Canceling Coverage

Immediately notify the MI HR Service Center to cancel your dependent coverage when he or she no longer meets the definition of an eligible individual. Ex-spouses are not eligible and must be removed from coverage effective the date of the divorce.

# Required Documents

The documents listed below are acceptable proof of dependent, adult child, and OEAI eligibility for insurance coverage (legible copies are required for each type of document; please do not provide originals). See [Eligibility Guidelines](#) for detailed eligibility information.

# Required Documents

The documents listed below are acceptable proof of dependent, adult child, and OEAI eligibility for insurance coverage (legible copies are required for each type of document; please do not provide originals). See [Eligibility Guidelines](#) for detailed eligibility information.

	HEALTH DENTAL and VISION									HEALTH ONLY			REMOVAL			
	Adopted child	Biological child	Foster child	Grandchild <sup>1</sup>	Incapacitated child	Legal guardianship	Loss of coverage	Spouse	Step-child <sup>3</sup>	Student age 19 to 25	Adult child age 19 to 26	OEAI	OEAI dependent <sup>2</sup>	Gain of coverage	Spouse & dependent due to death	Spouse & stepchild due to divorce
<b>Adoption papers</b> or sworn statement with the date of placement	◆												◆			
<b>Birth certificate</b> (hospital verifications not accepted)		◆		◆	◆				◆	◆	◆		◆			
<b>Court document</b> placing the child in the employee's home for foster care			◆										◆			
<b>Court ordered letters of guardianship</b>						◆							◆			
<b>Death certificate</b>															◆	
<b>Divorce decree</b> (first and last page stamped by the court)																◆
<b>Document detailing loss/gain of coverage</b> from employer or insurance provider.							◆							◆		
<b>Joint residency documentation</b> establishing shared residency for the past 12 months (e.g. bank statement, utility bill, lease agreement)												◆				
<b>Legal document specifying physical custody</b> (e.g., divorce decree stamped by the court that identifies custody agreement)									◆							
<b>Marriage certificate</b>								◆	◆							
<b>OEAI Enrollment Application &amp; Affidavit CS-1833</b>												◆	◆			
<b>Proof of age</b> (e.g., birth certificate, passport, driver's license, or other governmental document)												◆				
<b>Student Verification of Eligibility (CS-1830) &amp; School records proving attendance</b>										◆						
<b>Verification Documentation</b> that the child's condition was provided to the insurance carrier prior to the child turning 19					◆											

<sup>1</sup> Parent of the Grandchild must be a covered dependent; if between the ages 19 up to their 25th birthday and must be a student.

<sup>2</sup> Dependent children of an OEAI may enroll in health insurance only up to their 26th birthday with a [CS-1833](#) and the same required documentation that applies to equivalent dependent children of employees. Coverage will terminate at the end of the month in which the dependent turns 26.

<sup>3</sup> A step-child in which an employee's spouse is required to provide at least 50% support, and resides with you 50% of the time is eligible for health, dental, and vision coverage. A step-child is eligible for health coverage regardless of residence and support. Coverage will terminate at the end of the month in which the dependent turns 26. Once a step-child reaches the age of 19 up to their 25th birthday, refer to the appropriate student column above for instruction.

**Insurance Open Enrollment:** Copies of the documentation must be faxed or mailed to the [MI HR Service Center](#) by September 30, 2015.

**Life Events:** To add or change eligible dependents due to a life event (such as marriage, birth, divorce), call the MI HR Service Center as soon as possible but no later than 31 days following the life event. Do not wait until you have the official documentation.

**If you have questions on documentation requirements, contact the [MI HR Service Center](#) at:**

**877-766-6447, or dial 711 for Michigan Relay Center**

**Documents can be faxed: 517-241-5892**

**Or mailed: MI HR Service Center P.O. Box 30002, Lansing, MI 48909**

Note: Legislative, Judicial and Auditor General must submit the required documentation to their Human Resource Office.

## Insurance Open Enrollment Timeline

### August

**8/3/15** - IOE Begins

**8/28/15** - IOE Ends

### September

**9/30/15** - Deadline to submit [documentation](#) for any newly added individuals.

### October

**10/11/15** - New insurance rates & changes take effect.

**10/22/15** - First earning statement with new changes & rates.

#### January-April Limited Premium Holidays

**1/14/16 and 1/28/16 pay warrants** - 2 pay-period premium holiday if enrolled in the State Dental Plan (Delta), where premiums will not be deducted.

**1/14/16 through 4/7/16 pay warrants** - 7 pay-period premium holiday if enrolled in the Long Term Disability Plan, where premiums will not be deducted.

## How To Complete Insurance Open Enrollment

### Online:

Visit [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv). Once logged in, select Benefits from the left menu, then Enroll/Change benefits. From here, you can choose to either start the process of adding new dependents to your benefits, or choose to begin the open enrollment process!

### OR

### Over the phone:

Seek help from an HR professional who is trained to help guide you through the open enrollment process. Simply call the MI HR Service Center Monday through Friday 8 a.m. - 5 p.m. at **877-766-6447** or Individuals with hearing loss: 711 Michigan Relay





# State Health Plan PPO

## Example of deductibles, co-insurance & out-of-pocket max



A state employee and his family are enrolled in the State Health Plan PPO (BCBSM). When the plan year started in October, the employee received an X-ray. According to the plan, this is an after-deductible service with a co-insurance of 10%. What would he pay for this service?

### Total Cost of the X-Ray

**\$400**

Annual individual deductible

+

**10%**

co-insurance

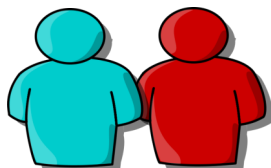
**90%**

of the remaining cost after the individual annual deductible & co-insurance is met.

Employee Cost

Plan Cost

**Note:** If an employee's spouse or dependent never receive deductible-applicable services during the plan year, only the individual deductible of \$400 would need to be met. The same is true if a dependent or spouse seeks deductible-applicable services and the employee does not, only the individual deductible would apply.



The same state employee's spouse needed surgery shortly after. According to the plan, surgery (in-network) is an after-deductible service with a co-insurance of 10%. What would they pay for this service?

### Total Cost of the Surgery

**\$800**

Annual family deductible

+

**10%**

co-insurance

**90%**

of the remaining cost after the remainder of the family annual deductible & co-insurance is met.

Employee Cost

Plan Cost

**Note:** If a spouse (or dependent) was the only individual to receive deductible-applicable services during the plan year, only the annual individual deductible of \$400 would need to be met. In this case, since both the employee and spouse received deductible-applicable services, the entire \$800 family deductible would need to be met before the plan paid for the spouse's surgery.



During the plan year, the same state employee has paid the annual maximum of \$2,000 out-of-pocket for his individual deductibles, co-insurance, and prescription co-pays and now needs a surgery. What would he pay for this service?

### Total Cost of the Surgery

**\$0**

**100%**

The plan will pay the total approved amount for this surgery as he paid the annual maximum amount for out-of-pocket expenses for the plan year.

Employee Cost

Plan Cost

## Example of deductibles, co-insurance & out-of-pocket max



A state employee and his family are enrolled in an HMO. When the plan year started in October, the employee received an X-ray (in-network). According to the plan, this is an after-deductible service. What would he pay for this service?

### Total Cost of the X-Ray

**\$125**

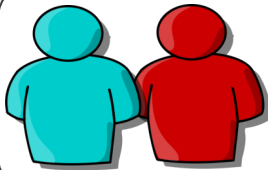
Annual individual deductible

**100%** of the remaining cost after the individual annual deductible is met.

Employee Cost

Plan Cost

**Note:** If the employee's spouse or dependents never receive deductible-applicable services during the plan year, only the individual deductible of \$125 would need to be met. The same is true if a dependent or spouse seeks deductible-applicable services and the employee does not, only the individual annual deductible would apply.



The same state employee's spouse needed surgery shortly after. According to the plan, surgery (in-network) is an after-deductible service. What would they pay for this service?

### Total Cost of the Surgery

**\$250**

Annual family deductible

**100%** of the remaining cost after the remainder of the family annual deductible is met.

Employee Cost

Plan Cost

**Note:** If a spouse (or dependent) was the only individual to receive deductible-applicable services during the plan year, only the annual individual deductible of \$125 would need to be met. In this case, both the employee and spouse received deductible-applicable services, the entire \$250 annual family deductible would need to be met before the plan paid for services.



During the plan year, the same state employee has paid the annual maximum of \$2,000 out-of-pocket for his individual deductibles, co-insurance, and prescription co-pays and now needs a surgery. What would he pay for this service?

### Total Cost of the Surgery

**\$0**

**100%** The plan will pay the total approved amount for this surgery as this employee paid the maximum amount for out-of-pocket expenses for the plan year.

Employee Cost

Plan Cost



## Q. How does a deductible work?

**A:** A deductible is the amount you are required to pay for some covered health care services before your insurance plan begins to pay. The deductible does not apply to all services. Services such as in-network office visits, consultations, and urgent care visits only require the co-pay at the time of service, and preventive services do not require any co-pay or deductible. Refer to the [plan summaries](#) for a list of covered services after the deductible.

Your deductible amount will vary based on whether you are enrolled in an HMO or the State Health Plan PPO (SHP PPO) as well as on how many people are covered by your plan, and how many of them seek services. The individual deductible amount applies to any one family member; the family deductible is the combined amount that could be paid by any combination of family members, as long as one individual has reached the individual deductible (\$400 for the SHP PPO and \$125 for an HMO).

Deductible amounts for the State Health Plan PPO (BCBSM) are effective January 1, 2015 and renew annually on a calendar year basis. Deductible amounts for the HMOs are effective October 12, 2015 and renew annually each October with the start of the new plan year. All deductibles count toward the out-of-pocket maximum.

Not all services require a coinsurance as they are covered at 100% by your insurance plan, check individual [plan summaries](#) for details and coverage amounts.

## Q. How does the out-of-pocket max work?

**A:** The annual out-of-pocket maximum (OOPM) is the limit to the total dollar amount you could be required to pay for covered services during the plan year. In-network deductibles, fixed dollar co-payments, prescription drug co-payments, and coinsurance all apply towards the annual out-of-pocket limit. Once this maximum amount is reached you will not pay any additional coinsurance, deductibles or co-pays for covered services for the remainder of the plan year. The individual OOPM applies to any one family member, and the family OOPM is the combined amount that could be paid by any combination of family members.

*The OOPM does not include:*

- Bi-weekly premiums
- Charges above the allowed amount the plan pays for a benefit
- Charges for non-covered services or treatments
- Charges for out-of-network services or treatments

## Q. How does coinsurance work?

**A:** For in-network services under the SHP PPO, coinsurance is your share of the costs of a covered health care service, calculated as a percent, after your annual deductible is met. For example, if you have met your annual deductible and then have surgery, the insurance plan will pay 90% of the allowed amount for the surgery, and you will pay the 10% coinsurance. All coinsurance charges apply toward the annual out-of-pocket maximum, which limits the amount you can be required to pay for services during a plan year to \$2000 for an individual and \$4000 for a family.

## Q. I still have questions, who should I call?

**A:** The MI HR Service Center 8 a.m. to 5 p.m. Monday through Friday (except holidays) toll free 877-766-6447, or 711 for Individuals with hearing loss.

# Provider Information

## State Health Plan PPO

### STATE HEALTH PLAN PPO

BCBSM State of Michigan Service Center

(800) 843-4876

[www.bcbsm.com/som](http://www.bcbsm.com/som)

Open enrollment information

[www.bcbs.com/som/emp/open-enrollment.shtml](http://www.bcbs.com/som/emp/open-enrollment.shtml)

### PRESCRIPTION DRUG PROGRAM

**Active Employees and Non-Medicare Retirees,**

MedImpact (877) 403-6034

[www.mp.medimpact.com/som](http://www.mp.medimpact.com/som)

**Medicare Eligible Retirees,**

Medicare Generation Rx (877) 633-7943

[www.medicaregenerationrx.com/som](http://www.medicaregenerationrx.com/som)

### MENTAL HEALTH/SUBSTANCE ABUSE SERVICES

Magellan Behavioral of Michigan

(866) 503-3158

[www.magellanasist.com](http://www.magellanasist.com)

### STATE CATASTROPHIC HEALTH PLAN

BCBSM State of Michigan Service Center

(800) 843-4876

[www.bcbsm.com/som](http://www.bcbsm.com/som)

### STATE DENTAL and PREVENTIVE DENTAL PLAN

Delta Dental Plan of Michigan

(800) 524-0150

[www.deltadentalmi.com](http://www.deltadentalmi.com)

### DENTAL MAINTENANCE ORGANIZATION (DMO)

Midwestern Dental Plans, Inc.

(800) 544-6374

[www.midwesterndental.com](http://www.midwesterndental.com)

### STATE VISION PLAN

BCBSM State of Michigan Service Center

(800) 843-4876

[www.bcbsm.com/som](http://www.bcbsm.com/som)

### STATE LONG TERM DISABILITY (LTD) PLAN

CMI, a York Risk Services Company

(800) 324-9901

## Health Maintenance Organizations (HMO)

### Blue Care Network (BCN)

(800) 662-6667

[www.bcbsm.com/som](http://www.bcbsm.com/som)

Open enrollment information

[www.bcbs.com/som/emp/open-enrollment.shtml](http://www.bcbs.com/som/emp/open-enrollment.shtml)

### McLaren Health Plan

(888) 327-0671

[www.mclarenhealthplan.org](http://www.mclarenhealthplan.org)

### Health Alliance Plan (HAP)

(800) 422-4641

[www.hap.org](http://www.hap.org)

### Physicians Health Plan (PHP)

(517) 364-8500 or (800) 832-9186

[www.phpmichigan.com](http://www.phpmichigan.com)

### HealthPlus

**(Flint)** (800) 332-9161

**(Saginaw)** (800) 942-8816

[www.healthplus.com](http://www.healthplus.com)

### Priority Health

(800) 446-5674

[www.priority-health.com](http://www.priority-health.com)

# Plan Changes for MSPTA (T01)

## Represented Employees Only

If you are a Michigan State Police employee represented by MSPTA (T01) there are insurance plan changes for the 2015-2016 plan year that apply to you. The changes will take effect October 11, 2015, pursuant to the collective bargaining agreement, and are highlighted below:

- See plan design changes\* for the State Health Plan PPO & HMOs summarized in the chart below.
- The State Dental Plan Administered by Delta Dental will now cover dental implants under prosthodontics.
- Autism benefits will be covered by the State Health Plan PPO subject to the plan deductible and coinsurance. Coverage is already provided by HMOs as required by law.

### In-Network Health Care Plan Summary

State Health Plan (PPO) Blue Cross Blue Shield of Michigan (BCBSM)			Health Maintenance Organizations (HMOs) BCN, HAP, Health Plus, McLaren, PHP, Priority		COPS Health Trust	
	2014-2015 Plan Year	2015-2016 Plan year Effective 10/11/15	2014-2015 Plan Year	2015-2016 Plan Year Effective 10/11/15	2014-2015 Plan Year	2015-2016 Plan Year Effective 10/11/15
Office Visit, Consults, Urgent Care	\$15	\$20	\$10	\$20	See <a href="#">Plan Summary</a>	Offering 3 Plans. See <a href="#">Summaries</a> for Details.
Chiropractic	\$15	\$20	Varies by plan			
ER if not admitted	\$50	\$200	\$50	\$200		
Rx Generic	\$10	\$10	\$5	\$10		
Rx Brand Name	\$20	\$30	\$10	\$30		
Rx Brand Name Non-Formulary	\$40	\$60	\$10	\$60		
Deductible—Employee Only	\$300	\$400	\$0	\$125		
Deductible - Full Family	\$600	\$800	\$0	\$250		
Out of Pocket Max - Employee only	\$1,000	\$2,000	None	\$2,000		
Out of Pocket Max - Full Family	\$2,000	\$4,000	None	\$4,000		
Private Duty Nursing	90%	80%	Check with HMO			
Coinsurance - for most other services	0%	10%	N/A	N/A		
Mail order Rx: 3-month supply is 2 times the applicable co-pays shown above.					Highlighted services go into effect 10/11/15	
This is not an all-inclusive plan design, only a summary of plan changes. For details on each plan, review the <a href="#">plan summaries</a> . Nothing contained in this information shall be construed to modify the plan booklets.						

**FY2015-2016 GROUP INSURANCE PREMIUM RATES**  
**EFFECTIVE OCTOBER 11, 2015**

**For NERE and Bargaining Units UAW: (W22, W41), MSEA (A02, A31), and SEIU 517M (E42, H21, L32)**

Note: When choosing an HMO or DMO plan, review the [zip code list](http://www.mi.gov/employeebenefits) for availability in your area at [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits).

		BIWEEKLY		BIWEEKLY <sup>1</sup>	
		Full-time employees		Part-time employees	
		Employee	State	Employee	State
HEALTH PLANS					
State Health Plan PPO (BCBSM)	Employee Only	\$62.74	\$250.94	\$156.84	\$156.84
	Employee & Spouse	\$125.48	\$501.91	\$313.69	\$313.69
	Employee & Child(ren)	\$110.42	\$441.68	\$276.05	\$276.05
	Full Family	\$173.16	\$692.63	\$432.89	\$432.89
State Health Plan PPO (BCBSM) w/ Medicare	Employee Only	\$0.00	\$250.94	\$0.00	\$0.00
Employee or Spouse with Medicare (State pays 100%)	Employee & Spouse	\$0.00	\$501.91	\$0.00	\$0.00
	Employee & Child(ren)	\$0.00	\$441.68	\$0.00	\$0.00
	Full Family	\$0.00	\$692.63	\$0.00	\$0.00
Catastrophic Health Plan	Employee Only	\$0.00	\$15.81	\$0.00	\$7.91
Active employees in the Catastrophic Plan will receive a \$50 rebate with each paycheck beginning October 22, 2015.	Employee & Spouse	\$0.00	\$31.62	\$0.00	\$15.81
	Employee & Child(ren)	\$0.00	\$31.62	\$0.00	\$15.81
	Full Family	\$0.00	\$31.62	\$0.00	\$15.81
Decline Health Insurance Coverage <sup>2</sup>		(n/a)			
Blue Care Network	Employee Only	\$40.50	\$229.50	\$135.00	\$135.00
	Employee & Spouse	\$81.00	\$459.01	\$270.00	\$270.00
	Employee & Child(ren)	\$71.28	\$403.92	\$237.60	\$237.60
	Full Family	\$111.78	\$633.43	\$372.60	\$372.60
Health Alliance Plan	Employee Only	\$38.53	\$218.32	\$128.42	\$128.42
	Employee & Spouse	\$77.38	\$438.51	\$257.95	\$257.95
	Employee & Child(ren)	\$68.06	\$385.66	\$226.86	\$226.86
	Full Family	\$106.92	\$605.86	\$356.39	\$356.39
HealthPlus of Michigan	Employee Only	\$40.76	\$230.97	\$135.86	\$135.86
	Employee & Spouse	\$81.52	\$461.93	\$271.73	\$271.73
	Employee & Child(ren)	\$71.74	\$406.50	\$239.12	\$239.12
	Full Family	\$112.49	\$637.47	\$374.98	\$374.98
McLaren Health Plan	Employee Only	\$34.07	\$193.06	\$113.56	\$113.56
	Employee & Spouse	\$68.14	\$386.12	\$227.13	\$227.13
	Employee & Child(ren)	\$59.96	\$339.78	\$199.87	\$199.87
	Full Family	\$94.03	\$532.84	\$313.44	\$313.44
Physicians Health Plan	Employee Only	\$41.72	\$236.42	\$139.07	\$139.07
	Employee & Spouse	\$83.44	\$472.83	\$278.14	\$278.14
	Employee & Child(ren)	\$73.43	\$416.09	\$244.76	\$244.76
	Full Family	\$115.15	\$652.51	\$383.83	\$383.83
Priority Health Plan	Employee Only	\$44.01	\$249.37	\$146.69	\$146.69
	Employee & Spouse	\$88.01	\$498.75	\$293.38	\$293.38
	Employee & Child(ren)	\$77.45	\$438.90	\$258.18	\$258.18
	Full Family	\$121.46	\$688.27	\$404.87	\$404.87
VISION PLAN					
State Vision Plan	Employee Only	\$0.00	\$2.38	\$1.19	\$1.19
	Employee & Spouse	\$0.00	\$4.19	\$2.09	\$2.09
	Employee & Child(ren)	\$0.00	\$5.12	\$2.56	\$2.56
	Full Family	\$0.00	\$6.93	\$3.47	\$3.47
Decline Vision Insurance			(n/a)		
DENTAL PLANS					
State Dental Plan	Employee Only	\$1.05	\$19.87	\$10.46	\$10.46
	Employee & Spouse	\$1.91	\$36.26	\$19.08	\$19.08
	Employee & Child(ren)	\$2.32	\$44.16	\$23.24	\$23.24
	Full Family	\$3.18	\$60.49	\$31.83	\$31.83
Preventive Dental Plan	Employee Only	\$0.00	\$2.99	\$1.50	\$1.50
Active employees in the Preventive Dental plan will receive a \$100.00 lump sum payment on November 5, 2015.	Employee & Spouse	\$0.00	\$5.21	\$2.61	\$2.61
	Employee & Child(ren)	\$0.00	\$5.21	\$2.61	\$2.61
	Full Family	\$0.00	\$7.42	\$3.71	\$3.71
Midwestern Dental Plan (DMO)	Employee Only	\$0.00	\$15.99	\$8.00	\$8.00
	Employee & Spouse	\$0.00	\$15.99	\$8.00	\$8.00
	Employee & Child(ren)	\$0.00	\$15.99	\$8.00	\$8.00
	Full Family	\$0.00	\$15.99	\$8.00	\$8.00
Decline Dental Insurance <sup>2</sup>		(n/a)			

<sup>1</sup>Part-time employees hired after 1/1/2000 whose regular work schedule is 40 hours or less per biweekly pay period.

<sup>2</sup>Employees decline health and/or dental coverage (because they have "primary" coverage through a non-State employee/retired spouse) will receive a rebate identical to the Catastrophic Health Plan and/or Preventive Dental Plan.

Office of the State Employer, Employee Health Management  
**FY2015-2016 LONG TERM DISABILITY PREMIUM RATES - ALL EMPLOYEES**  
 EFFECTIVE OCTOBER 11, 2015

		Rates per \$100 of Earnings <sup>1</sup>	
		Employee	State
<b>All employees except those represented by bargaining units W22 and W41 (UAW)</b>			
YIA0: Less than 184 hours sick leave	Plan I	\$1.56	\$0.79
YIA1: 184-527 hours sick leave	Plan IIA	\$0.40	\$0.79
YIA2: 528 hours or more sick leave	Plan IIB	\$0.00	\$0.79
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$1.30	\$0.79
<b>Employees represented by bargaining units W22 and W41 (UAW)</b>			
YIA0: Less than 184 hours sick leave	Plan I	\$1.59	\$0.79
YIA1: 184-527 hours sick leave	Plan IIA	\$0.43	\$0.79
YIA2: 528 hours or more sick leave	Plan IIB	\$0.00	\$0.79
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$1.34	\$0.79
<b>Calculation of Employee Contribution:</b>			
Biweekly Contribution = Hourly Rate times 2088, divided by 26, divided by 100, times the Employee Rate per Plan (I, IIA, IIB, or IIC)			

<sup>1</sup>Benefits are subject to maximums in the LTD booklet.

**FY2015-2016 GROUP LIFE INSURANCE PREMIUM RATES**

EFFECTIVE OCTOBER 11, 2015

		BIWEEKLY	
		Employee	State
<b>DEPENDENT LIFE OPTIONS</b>			
	Option		
Spouse \$1,500 and/or Child(ren) \$1,000	F	\$0.20	\$0.00
Spouse \$5,000 and/or Child(ren) \$2,500	G	\$0.60	\$0.00
Spouse \$10,000 and/or Child(ren) \$5,000	H	\$1.20	\$0.00
Spouse \$25,000 and/or Child(ren) \$10,000	K	\$4.00	\$0.00
Child(ren) Only \$10,000	L	\$0.75	\$0.00
<b>EMPLOYEE LIFE OPTIONS</b>			
The Employee Only regular plan is 2 times your annual salary, up to a maximum of \$200,000. The State pays 100% of the premium for this plan.			
The Employee Only reduced plan is 1 times your annual salary, up to a maximum of \$50,000. Employees enrolled in this plan will receive a biweekly rebate beginning October 22, 2015.			



**End of Rates**

For NERE and Bargaining Units: UAW (W22, W41),  
 MSEA (A02, A31), and SEIU 517M (E42, H21, L32)

[Return to  
Main Menu](#)

[Return to  
Rates Menu](#)

End of Section.  
Please use  
menu buttons  
above to  
navigate.



FY2015-2016 GROUP INSURANCE PREMIUM RATES  
EFFECTIVE OCTOBER 11, 2015

**For Bargaining Units: MCO (C12), AFSCME (U11), NON-REPRESENTED (Z60-Z89) and Judicial Branch**

Note: When choosing an HMO or DMO plan, review the [zip code list](#) for availability in your area at [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits).

		BIWEEKLY		BIWEEKLY <sup>1</sup>	
		Full-time employees		Part-time employees	
		Employee	State	Employee	State
HEALTH PLANS					
State Health Plan PPO (BCBSM)	Employee Only	\$62.42	\$249.70	\$156.06	\$156.06
	Employee & Spouse	\$124.85	\$499.41	\$312.13	\$312.13
	Employee & Child(ren)	\$109.87	\$439.48	\$274.67	\$274.67
	Full Family	\$172.30	\$689.19	\$430.74	\$430.74
State Health Plan PPO (BCBSM) w/ Medicare Employee or Spouse with Medicare (State pays 100%)	Employee Only	\$0.00	\$249.70	(n/a)	(n/a)
	Employee & Spouse	\$0.00	\$499.41	(n/a)	(n/a)
	Employee & Child(ren)	\$0.00	\$439.48	(n/a)	(n/a)
	Full Family	\$0.00	\$689.19	(n/a)	(n/a)
Catastrophic Health Plan Active employees in the Catastrophic Plan will receive a \$50 rebate with each paycheck beginning October 22, 2015.	Employee Only	\$0.00	\$15.81	\$0.00	\$7.91
	Employee & Spouse	\$0.00	\$31.62	\$0.00	\$15.81
	Employee & Child(ren)	\$0.00	\$31.62	\$0.00	\$15.81
	Full Family	\$0.00	\$31.62	\$0.00	\$15.81
Decline Health Insurance Coverage <sup>2</sup>		(n/a)			
Blue Care Network	Employee Only	\$40.30	\$228.36	\$134.33	\$134.33
	Employee & Spouse	\$80.60	\$456.72	\$268.66	\$268.66
	Employee & Child(ren)	\$70.93	\$401.91	\$236.42	\$236.42
	Full Family	\$111.22	\$630.27	\$370.75	\$370.75
Health Alliance Plan	Employee Only	\$38.35	\$217.30	\$127.82	\$127.82
	Employee & Spouse	\$77.02	\$436.46	\$256.74	\$256.74
	Employee & Child(ren)	\$67.74	\$383.87	\$225.80	\$225.80
	Full Family	\$106.42	\$603.03	\$354.72	\$354.72
HealthPlus of Michigan	Employee Only	\$40.56	\$229.83	\$135.19	\$135.19
	Employee & Spouse	\$81.12	\$459.66	\$270.39	\$270.39
	Employee & Child(ren)	\$71.38	\$404.50	\$237.94	\$237.94
	Full Family	\$111.94	\$634.33	\$373.14	\$373.14
McLaren Health Plan	Employee Only	\$33.84	\$191.74	\$112.79	\$112.79
	Employee & Spouse	\$67.67	\$383.47	\$225.57	\$225.57
	Employee & Child(ren)	\$59.55	\$337.46	\$198.50	\$198.50
	Full Family	\$93.39	\$529.19	\$311.29	\$311.29
Physicians Health Plan	Employee Only	\$41.56	\$235.50	\$138.53	\$138.53
	Employee & Spouse	\$83.12	\$471.00	\$277.06	\$277.06
	Employee & Child(ren)	\$73.14	\$414.48	\$243.81	\$243.81
	Full Family	\$114.70	\$649.98	\$382.34	\$382.34
Priority Health Plan	Employee Only	\$43.65	\$247.37	\$145.51	\$145.51
	Employee & Spouse	\$87.31	\$494.73	\$291.02	\$291.02
	Employee & Child(ren)	\$76.83	\$435.36	\$256.10	\$256.10
	Full Family	\$120.48	\$682.73	\$401.61	\$401.61
VISION PLAN					
State Vision Plan	Employee Only	\$0.00	\$2.38	\$1.19	\$1.19
	Employee & Spouse	\$0.00	\$4.19	\$2.09	\$2.09
	Employee & Child(ren)	\$0.00	\$5.12	\$2.56	\$2.56
	Full Family	\$0.00	\$6.93	\$3.47	\$3.47
Decline Vision Insurance		(n/a)			
DENTAL PLANS					
State Dental Plan	Employee Only	\$1.05	\$19.87	\$10.46	\$10.46
	Employee & Spouse	\$1.91	\$36.26	\$19.08	\$19.08
	Employee & Child(ren)	\$2.32	\$44.16	\$23.24	\$23.24
	Full Family	\$3.18	\$60.49	\$31.83	\$31.83
Preventive Dental Plan Active employees in the Preventive Dental plan will receive a \$100.00 lump sum payment on November 5, 2015.	Employee Only	\$0.00	\$2.99	\$1.50	\$1.50
	Employee & Spouse	\$0.00	\$5.21	\$2.61	\$2.61
	Employee & Child(ren)	\$0.00	\$5.21	\$2.61	\$2.61
	Full Family	\$0.00	\$7.42	\$3.71	\$3.71
Midwestern Dental Plan (DMO)	Employee Only	\$0.00	\$15.99	\$8.00	\$8.00
	Employee & Spouse	\$0.00	\$15.99	\$8.00	\$8.00
	Employee & Child(ren)	\$0.00	\$15.99	\$8.00	\$8.00
	Full Family	\$0.00	\$15.99	\$8.00	\$8.00
Decline Dental Insurance <sup>2</sup>		(n/a)			

<sup>1</sup>Part-time employees hired after 1/1/2000 whose regular work schedule is 40 hours or less per biweekly pay period.

<sup>2</sup>Employees decline health and/or dental coverage (because they have "primary" coverage through a non-State employee/retired spouse) will receive a rebate identical to the Catastrophic Health Plan and/or Preventive Dental Plan.

Office of the State Employer, Employee Health Management  
**FY2015-2016 LONG TERM DISABILITY PREMIUM RATES - ALL EMPLOYEES**  
 EFFECTIVE OCTOBER 11, 2015

		Rates per \$100 of Earnings <sup>1</sup>	
		Employee	State
<b>All employees except those represented by bargaining units W22 and W41 (UAW)</b>			
YIA0: Less than 184 hours sick leave	Plan I	\$1.56	\$0.79
YIA1: 184-527 hours sick leave	Plan IIA	\$0.40	\$0.79
YIA2: 528 hours or more sick leave	Plan IIB	\$0.00	\$0.79
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$1.30	\$0.79
<b>Employees represented by bargaining units W22 and W41 (UAW)</b>			
YIA0: Less than 184 hours sick leave	Plan I	\$1.59	\$0.79
YIA1: 184-527 hours sick leave	Plan IIA	\$0.43	\$0.79
YIA2: 528 hours or more sick leave	Plan IIB	\$0.00	\$0.79
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$1.34	\$0.79
<b>Calculation of Employee Contribution:</b>			
Biweekly Contribution = Hourly Rate times 2088, divided by 26, divided by 100, times the Employee Rate per Plan (I, IIA, IIB, or IIC)			

<sup>1</sup>Benefits are subject to maximums in the LTD booklet.

**FY2015-2016 GROUP LIFE INSURANCE PREMIUM RATES**  
 EFFECTIVE OCTOBER 11, 2015

		BIWEEKLY	
		Employee	State
<b>DEPENDENT LIFE OPTIONS</b>			
	Option		
Spouse \$1,500 and/or Child(ren) \$1,000	F	\$0.20	\$0.00
Spouse \$5,000 and/or Child(ren) \$2,500	G	\$0.60	\$0.00
Spouse \$10,000 and/or Child(ren) \$5,000	H	\$1.20	\$0.00
Spouse \$25,000 and/or Child(ren) \$10,000	K	\$4.00	\$0.00
Child(ren) Only \$10,000	L	\$0.75	\$0.00
<b>EMPLOYEE LIFE OPTIONS</b>			
The Employee Only regular plan is 2 times your annual salary, up to a maximum of \$200,000. The State pays 100% of the premium for this plan.			
The Employee Only reduced plan is 1 times your annual salary, up to a maximum of \$50,000. Employees enrolled in this plan will receive a biweekly rebate beginning October 22, 2015.			



## End of Rates

For Bargaining Units: MCO (C12), AFSCME (U11),  
 Non-Represented (Z60-Z89) and Judicial Branch.

[Return to  
Main Menu](#)

[Return to  
Rates Menu](#)

End of Section.  
Please use  
menu buttons  
above to  
navigate.

**FY2015-2016 GROUP INSURANCE PREMIUM RATES**  
**EFFECTIVE OCTOBER 11, 2015**

**Bargaining Unit MSPTA (T01)**

Note: When choosing an HMO or DMO plan, review the [zip code list](#) for availability in your area at [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits).

		BIWEEKLY		BIWEEKLY	
		Full-time employees		DROP Rates	
		Employee	State	Employee	State
HEALTH PLANS					
COPS Trust Health Plan 1	Employee Only	\$88.37	\$249.70	\$88.37	\$249.70
	Employee & Spouse	\$176.78	\$499.41	\$176.78	\$499.41
	Employee & Child(ren)	\$155.55	\$439.48	\$155.55	\$439.48
	Full Family	\$243.96	\$689.19	\$243.96	\$689.19
COPS Trust Health Plan 2	Employee Only	\$0.00	\$246.38	\$0.00	\$246.38
	Employee & Spouse	\$0.00	\$492.78	\$0.00	\$492.78
	Employee & Child(ren)	\$0.00	\$433.64	\$0.00	\$433.64
	Full Family	\$0.00	\$680.07	\$0.00	\$680.07
COPS Trust Health Plan 3	Employee Only	\$49.62	\$249.70	\$49.62	\$249.70
	Employee & Spouse	\$99.29	\$499.41	\$99.29	\$499.41
	Employee & Child(ren)	\$95.32	\$439.48	\$95.32	\$439.48
	Full Family	\$154.11	\$689.19	\$154.11	\$689.19
State Health Plan PPO	Employee Only	\$62.42	\$249.70	\$18.64	\$354.20
	Employee & Spouse	\$124.85	\$499.41	\$37.28	\$708.39
	Employee & Child(ren)	\$109.87	\$439.48	\$23.48	\$446.16
	Full Family	\$172.30	\$689.19	\$43.16	\$820.04
Catastrophic Health Plan	Employee Only	\$0.00	\$15.81	(n/a)	(n/a)
Active employees in the Catastrophic Health Plan will receive a \$50 rebate with each paycheck beginning October 22, 2015.	Employee & Spouse	\$0.00	\$31.62	(n/a)	(n/a)
	Employee & Child(ren)	\$0.00	\$31.62	(n/a)	(n/a)
	Full Family	\$0.00	\$31.62	(n/a)	(n/a)
Decline Health Insurance Coverage <sup>1</sup>		(n/a)			
Blue Care Network	Employee Only	\$40.30	\$228.36	\$94.12	\$354.20
	Employee & Spouse	\$80.60	\$456.72	\$188.25	\$708.39
	Employee & Child(ren)	\$70.93	\$401.91	\$118.72	\$446.16
	Full Family	\$111.22	\$630.27	\$220.05	\$820.04
Health Alliance Plan	Employee Only	\$38.35	\$217.30	\$132.06	\$354.20
	Employee & Spouse	\$77.02	\$436.46	\$264.12	\$708.39
	Employee & Child(ren)	\$67.74	\$383.87	\$166.53	\$446.16
	Full Family	\$106.42	\$603.03	\$308.06	\$820.04
HealthPlus of Michigan	Employee Only	\$40.56	\$229.83	\$97.46	\$354.20
	Employee & Spouse	\$81.12	\$459.66	\$194.91	\$708.39
	Employee & Child(ren)	\$71.38	\$404.50	\$122.92	\$446.16
	Full Family	\$111.94	\$634.33	\$227.79	\$820.04
McLaren Health Plan	Employee Only	\$33.84	\$191.74	(n/a)	(n/a)
	Employee & Spouse	\$67.67	\$383.47	(n/a)	(n/a)
	Employee & Child(ren)	\$59.55	\$337.46	(n/a)	(n/a)
	Full Family	\$93.39	\$529.19	(n/a)	(n/a)
Physicians Health Plan	Employee Only	\$41.56	\$235.50	\$189.67	\$354.20
	Employee & Spouse	\$83.12	\$471.00	\$379.34	\$708.39
	Employee & Child(ren)	\$73.14	\$414.48	\$238.90	\$446.16
	Full Family	\$114.70	\$649.98	\$439.17	\$820.04
Priority Health Plan	Employee Only	\$43.65	\$247.37	\$147.38	\$354.20
	Employee & Spouse	\$87.31	\$494.73	\$293.77	\$708.39
	Employee & Child(ren)	\$76.83	\$435.36	\$185.18	\$446.16
	Full Family	\$120.48	\$682.73	\$342.42	\$820.04
VISION PLANS					
State Vision Plan	Employee Only	\$0.00	\$2.38	\$0.25	\$2.25
	Employee & Spouse	\$0.00	\$4.19	\$0.41	\$3.66
	Employee & Child(ren)	\$0.00	\$5.12	\$0.57	\$5.12
	Full Family	\$0.00	\$6.93	\$0.72	\$6.53
Decline Vision Insurance		(n/a)			
DENTAL PLANS					
State Dental Plan	Employee Only	\$1.05	\$19.87	\$2.16	\$19.40
	Employee & Spouse	\$1.91	\$36.26	\$3.93	\$35.35
	Employee & Child(ren)	\$2.32	\$44.16	\$4.80	\$43.18
	Full Family	\$3.18	\$60.49	\$6.57	\$59.14
Preventive Dental Plan	Employee Only	\$0.00	\$2.99	(n/a)	(n/a)
Active employees in the Preventive Dental plan will receive a \$100.00 lump sum payment on November 5, 2015.	Employee & Spouse	\$0.00	\$5.21	(n/a)	(n/a)
	Employee & Child(ren)	\$0.00	\$5.21	(n/a)	(n/a)
	Full Family	\$0.00	\$7.42	(n/a)	(n/a)
Midwestern Dental Plan (DMO)	Employee Only	\$0.00	\$15.99	(n/a)	(n/a)
	Employee & Spouse	\$0.00	\$15.99	(n/a)	(n/a)
	Employee & Child(ren)	\$0.00	\$15.99	(n/a)	(n/a)
	Full Family	\$0.00	\$15.99	(n/a)	(n/a)
Decline Dental Insurance <sup>1</sup>		(n/a)			

<sup>1</sup> Employees decline health and/or dental coverage (because they have "primary" coverage through a non-State employee/retired spouse) will receive a rebate identical to the Catastrophic Health Plan and/or Preventive Dental Plan.

**FY2015-2016 GROUP LIFE INSURANCE PREMIUM RATES - T01**

EFFECTIVE OCTOBER 11, 2015

		BIWEEKLY	
		Employee	State
<b>LIFE INSURANCE PLANS</b>			
<b>DEPENDENT LIFE OPTIONS</b>	<b>Option</b>		
Spouse \$1,500 and/or Child(ren) \$1,000	F	\$0.20	\$0.00
Spouse \$5,000 and/or Child(ren) \$2,500	G	\$0.60	\$0.00
Spouse \$10,000 and/or Child(ren) \$5,000	H	\$1.20	\$0.00
Spouse \$25,000 and/or Child(ren) \$10,000	K	\$4.00	\$0.00
Child(ren) Only \$10,000	L	\$0.75	\$0.00
<b>EMPLOYEE LIFE OPTIONS</b>			
The Employee Only regular plan is 2 times your annual salary, up to a maximum of \$200,000. The State pays 100% of the premium for this plan.			
The Employee Only reduced plan is 1 times your annual salary, up to a maximum of \$50,000. Employees enrolled in this plan will receive a biweekly rebate beginning October 22, 2015.			
The State shall pay 100% of the premium for LTD insurance coverage.			

**End of Rates**

For Bargaining Unit: MSPTA (T01)

[Return to  
Main Menu](#)

[Return to  
Rates Menu](#)

End of Section.  
Please use  
menu buttons  
above to  
navigate.



## FY2015-2016 DROP GROUP INSURANCE PREMIUM RATES

EFFECTIVE OCTOBER 11, 2015

Note: When choosing an HMO or DMO plan, review the [zip code list](#) for availability in your area at [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits).

BIWEEKLY	
DROP PREMIUM	
Employee	State

**HEALTH PLANS**

State Health Plan PPO	Employee Only	\$18.64	\$354.20
	Employee & Spouse	\$37.28	\$708.39
	Employee & Child(ren)	\$23.48	\$446.16
	Full Family	\$43.16	\$820.04
Decline Health Insurance Coverage <sup>1</sup>		(n/a)	
Blue Care Network	Employee Only	\$94.12	\$354.20
	Employee & Spouse	\$188.25	\$708.39
	Employee & Child(ren)	\$118.72	\$446.16
	Full Family	\$220.05	\$820.04
Health Alliance Plan	Employee Only	\$132.06	\$354.20
	Employee & Spouse	\$264.12	\$708.39
	Employee & Child(ren)	\$166.53	\$446.16
	Full Family	\$308.06	\$820.04
HealthPlus of Michigan	Employee Only	\$97.46	\$354.20
	Employee & Spouse	\$194.91	\$708.39
	Employee & Child(ren)	\$122.92	\$446.16
	Full Family	\$227.79	\$820.04
Physicians Health Plan	Employee Only	\$189.67	\$354.20
	Employee & Spouse	\$379.34	\$708.39
	Employee & Child(ren)	\$238.90	\$446.16
	Full Family	\$439.17	\$820.04
Priority Health Plan	Employee Only	\$147.38	\$354.20
	Employee & Spouse	\$293.77	\$708.39
	Employee & Child(ren)	\$185.18	\$446.16
	Full Family	\$342.42	\$820.04

**VISION PLANS**

State Vision Plan	Employee Only	\$0.25	\$2.25
	Employee & Spouse	\$0.41	\$3.66
	Employee & Child(ren)	\$0.57	\$5.12
	Full Family	\$0.72	\$6.53
Decline Vision Insurance		(n/a)	

**DENTAL PLANS**

State Dental Plan	Employee Only	\$2.16	\$19.40
	Employee & Spouse	\$3.93	\$35.35
	Employee & Child(ren)	\$4.80	\$43.18
	Full Family	\$6.57	\$59.14
Decline Dental Insurance <sup>2</sup>		(n/a)	

<sup>1</sup>Employees who opt out of health coverage (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a \$50 rebate with each bi-weekly pay period.

<sup>2</sup>Employees who opt out of dental coverage (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a \$100 lump sum payment per fiscal year.

Office of the State Employer, Employee Health Management  
**FY2015-2016 LONG TERM DISABILITY PREMIUM RATES - ALL EMPLOYEES**  
 EFFECTIVE OCTOBER 11, 2015

		Rates per \$100 of Earnings <sup>1</sup>	
		Employee	State
<b>All employees except those represented by bargaining units W22 and W41 (UAW)</b>			
YIA0: Less than 184 hours sick leave	Plan I	\$1.56	\$0.79
YIA1: 184-527 hours sick leave	Plan IIA	\$0.40	\$0.79
YIA2: 528 hours or more sick leave	Plan IIB	\$0.00	\$0.79
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$1.30	\$0.79
<b>Employees represented by bargaining units W22 and W41 (UAW)</b>			
YIA0: Less than 184 hours sick leave	Plan I	\$1.59	\$0.79
YIA1: 184-527 hours sick leave	Plan IIA	\$0.43	\$0.79
YIA2: 528 hours or more sick leave	Plan IIB	\$0.00	\$0.79
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$1.34	\$0.79
<b>Calculation of Employee Contribution:</b>			
Biweekly Contribution = Hourly Rate times 2088, divided by 26, divided by 100, times the Employee Rate per Plan (I, IIA, IIB, or IIC)			

<sup>1</sup>Benefits are subject to maximums in the LTD booklet.

**FY2015-2016 GROUP LIFE INSURANCE PREMIUM RATES**  
 EFFECTIVE OCTOBER 11, 2015

		BIWEEKLY	
		Employee	State
<b>DEPENDENT LIFE OPTIONS</b>			
	<b>Option</b>		
Spouse \$1,500 and/or Child(ren) \$1,000	F	\$0.20	\$0.00
Spouse \$5,000 and/or Child(ren) \$2,500	G	\$0.60	\$0.00
Spouse \$10,000 and/or Child(ren) \$5,000	H	\$1.20	\$0.00
Spouse \$25,000 and/or Child(ren) \$10,000	K	\$4.00	\$0.00
Child(ren) Only \$10,000	L	\$0.75	\$0.00
<b>EMPLOYEE LIFE OPTIONS</b>			
The Employee Only regular plan is 2 times your annual salary, up to a maximum of \$200,000. The State pays 100% of the premium for this plan.			
The Employee Only reduced plan is 1 times your annual salary, up to a maximum of \$50,000. Employees enrolled in this plan will receive a biweekly rebate beginning October 22, 2015.			



**End of Rates**  
 for DROP Command Officers and Lieutenants

[Return to  
Main Menu](#)

[Return to  
Rates Menu](#)

End of Section.  
Please use  
menu buttons  
above to  
navigate.

# FY2015-2016 DROP GROUP INSURANCE PREMIUM RATES

## Bargaining Unit MSPTA (T01)

EFFECTIVE OCTOBER 11, 2015

Note: When choosing an HMO or DMO plan, review the [zip code list](#) for availability in your area at [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits).

Menu

		BIWEEKLY	
		DROP PREMIUM	
		Employee	State
HEALTH PLANS			
COPS Trust Health Plan 1	Employee Only	\$88.37	\$249.70
For MSPTA (T01) only	Employee & Spouse	\$176.78	\$499.41
	Employee & Child(ren)	\$155.55	\$439.48
	Full Family	\$243.96	\$689.19
COPS Trust Health Plan 2	Employee Only	\$0.00	\$246.38
For MSPTA (T01) only	Employee & Spouse	\$0.00	\$492.78
	Employee & Child(ren)	\$0.00	\$433.64
	Full Family	\$0.00	\$680.07
COPS Trust Health Plan 3	Employee Only	\$49.62	\$249.70
For MSPTA (T01) only	Employee & Spouse	\$99.29	\$499.41
	Employee & Child(ren)	\$95.32	\$439.48
	Full Family	\$154.11	\$689.19
State Health Plan PPO	Employee Only	\$18.64	\$354.20
	Employee & Spouse	\$37.28	\$708.39
	Employee & Child(ren)	\$23.48	\$446.16
	Full Family	\$43.16	\$820.04
Decline Health Insurance Coverage <sup>1</sup>		(n/a)	
Blue Care Network	Employee Only	\$94.12	\$354.20
	Employee & Spouse	\$188.25	\$708.39
	Employee & Child(ren)	\$118.72	\$446.16
	Full Family	\$220.05	\$820.04
Health Alliance Plan	Employee Only	\$132.06	\$354.20
	Employee & Spouse	\$264.12	\$708.39
	Employee & Child(ren)	\$166.53	\$446.16
	Full Family	\$308.06	\$820.04
HealthPlus of Michigan	Employee Only	\$97.46	\$354.20
	Employee & Spouse	\$194.91	\$708.39
	Employee & Child(ren)	\$122.92	\$446.16
	Full Family	\$227.79	\$820.04
Physicians Health Plan	Employee Only	\$189.67	\$354.20
	Employee & Spouse	\$379.34	\$708.39
	Employee & Child(ren)	\$238.90	\$446.16
	Full Family	\$439.17	\$820.04
Priority Health Plan	Employee Only	\$147.38	\$354.20
	Employee & Spouse	\$293.77	\$708.39
	Employee & Child(ren)	\$185.18	\$446.16
	Full Family	\$342.42	\$820.04
VISION PLANS			
State Vision Plan	Employee Only	\$0.25	\$2.25
	Employee & Spouse	\$0.41	\$3.66
	Employee & Child(ren)	\$0.57	\$5.12
	Full Family	\$0.72	\$6.53
Decline Vision Insurance		(n/a)	
DENTAL PLANS			
State Dental Plan	Employee Only	\$2.16	\$19.40
	Employee & Spouse	\$3.93	\$35.35
	Employee & Child(ren)	\$4.80	\$43.18
	Full Family	\$6.57	\$59.14
Decline Dental Insurance <sup>1</sup>		(n/a)	

<sup>1</sup>Employees who opt out of health coverage (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a \$50 rebate with each bi-weekly pay period.

<sup>2</sup>Employees who opt out of dental coverage (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a \$100 lump sum payment per fiscal year.

Office of the State Employer, Employee Health Management  
**FY2015-2016 LONG TERM DISABILITY PREMIUM RATES - ALL EMPLOYEES**  
 EFFECTIVE OCTOBER 11, 2015

		Rates per \$100 of Earnings <sup>1</sup>	
		Employee	State
<b>All employees except those represented by bargaining units W22 and W41 (UAW)</b>			
YIA0: Less than 184 hours sick leave	Plan I	\$1.56	\$0.79
YIA1: 184-527 hours sick leave	Plan IIA	\$0.40	\$0.79
YIA2: 528 hours or more sick leave	Plan IIB	\$0.00	\$0.79
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$1.30	\$0.79
<b>Employees represented by bargaining units W22 and W41 (UAW)</b>			
YIA0: Less than 184 hours sick leave	Plan I	\$1.59	\$0.79
YIA1: 184-527 hours sick leave	Plan IIA	\$0.43	\$0.79
YIA2: 528 hours or more sick leave	Plan IIB	\$0.00	\$0.79
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$1.34	\$0.79
<b>Calculation of Employee Contribution:</b>			
Biweekly Contribution = Hourly Rate times 2088, divided by 26, divided by 100, times the Employee Rate per Plan (I, IIA, IIB, or IIC)			

<sup>1</sup>Benefits are subject to maximums in the LTD booklet.

**FY2015-2016 GROUP LIFE INSURANCE PREMIUM RATES**  
 EFFECTIVE OCTOBER 11, 2015

		BIWEEKLY	
		Employee	State
<b>DEPENDENT LIFE OPTIONS</b>			
	Option		
Spouse \$1,500 and/or Child(ren) \$1,000	F	\$0.20	\$0.00
Spouse \$5,000 and/or Child(ren) \$2,500	G	\$0.60	\$0.00
Spouse \$10,000 and/or Child(ren) \$5,000	H	\$1.20	\$0.00
Spouse \$25,000 and/or Child(ren) \$10,000	K	\$4.00	\$0.00
Child(ren) Only \$10,000	L	\$0.75	\$0.00
<b>EMPLOYEE LIFE OPTIONS</b>			
The Employee Only regular plan is 2 times your annual salary, up to a maximum of \$200,000. The State pays 100% of the premium for this plan.			
The Employee Only reduced plan is 1 times your annual salary, up to a maximum of \$50,000. Employees enrolled in this plan will receive a biweekly rebate beginning October 22, 2015.			



**End of Rates**  
 for DROP MSPTA (T01) Troopers

[Return to  
Main Menu](#)

[Return to  
Rates Menu](#)

End of Section.  
Please use  
menu buttons  
above to  
navigate.



**COBRA PREMIUM RATES EFFECTIVE OCTOBER 1, 2015****For NERE and Bargaining Units: UAW (W22, W41), MSEA (A02, A31), and SEIU 517M (E42, H21, L32)**Note: When choosing an HMO or DMO plan, review the [zip code list](#) for availability in your area at [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits).

		COBRA		Active Employee	
		MONTHLY		BIWEEKLY	
		Leave/Layoff (100%)	COBRA (102%)	Employee	State
HEALTH PLANS					
State Health Plan PPO	Applicant Only	\$679.64	\$693.23	\$62.74	\$250.94
	Applicant & Spouse	\$1,359.33	\$1,386.52	\$125.48	\$501.91
	Applicant & Child(ren)	\$1,196.21	\$1,220.13	\$110.42	\$441.68
	Full Family	\$1,875.88	\$1,913.39	\$173.16	\$692.63
State Health Plan PPO with Medicare Employee, COBRA participant, or Spouse with Medicare	Applicant Only	\$543.71	\$554.59	\$0.00	\$250.94
	Applicant & Spouse	\$1,087.47	\$1,109.22	\$0.00	\$501.91
	Applicant & Child(ren)	\$956.97	\$976.11	\$0.00	\$441.68
	Full Family	\$1,500.70	\$1,530.71	\$0.00	\$692.63
Catastrophic Health Plan	Applicant Only	\$34.26	\$34.94	\$0.00	\$15.81
	Applicant & Spouse	\$68.51	\$69.88	\$0.00	\$31.62
	Applicant & Child(ren)	\$68.51	\$69.88	\$0.00	\$31.62
	Full Family	\$68.51	\$69.88	\$0.00	\$31.62
Blue Care Network	Applicant Only	\$585.01	\$596.71	\$40.50	\$229.50
	Applicant & Spouse	\$1,170.02	\$1,193.42	\$81.00	\$459.01
	Applicant & Child(ren)	\$1,029.61	\$1,050.20	\$71.28	\$403.92
	Full Family	\$1,614.62	\$1,646.91	\$111.78	\$633.43
Health Alliance Plan	Applicant Only	\$556.49	\$567.62	\$38.53	\$218.32
	Applicant & Spouse	\$1,117.77	\$1,140.13	\$77.38	\$438.51
	Applicant & Child(ren)	\$983.06	\$1,002.72	\$68.06	\$385.66
	Full Family	\$1,544.34	\$1,575.23	\$106.92	\$605.86
HealthPlus of Michigan	Applicant Only	\$588.74	\$600.52	\$40.76	\$230.97
	Applicant & Spouse	\$1,177.48	\$1,201.03	\$81.52	\$461.93
	Applicant & Child(ren)	\$1,036.18	\$1,056.90	\$71.74	\$406.50
	Full Family	\$1,624.92	\$1,657.42	\$112.49	\$637.47
McLaren Health Plan	Applicant Only	\$492.11	\$501.95	\$34.07	\$193.06
	Applicant & Spouse	\$984.22	\$1,003.90	\$68.14	\$386.12
	Applicant & Child(ren)	\$866.11	\$883.43	\$59.96	\$339.78
	Full Family	\$1,358.22	\$1,385.38	\$94.03	\$532.84
Physicians Health Plan	Applicant Only	\$602.63	\$614.68	\$41.72	\$236.42
	Applicant & Spouse	\$1,205.26	\$1,229.37	\$83.44	\$472.83
	Applicant & Child(ren)	\$1,060.62	\$1,081.83	\$73.43	\$416.09
	Full Family	\$1,663.25	\$1,696.52	\$115.15	\$652.51
Priority Health Plan	Applicant Only	\$635.66	\$648.37	\$44.01	\$249.37
	Applicant & Spouse	\$1,271.32	\$1,296.75	\$88.01	\$498.75
	Applicant & Child(ren)	\$1,118.76	\$1,141.14	\$77.45	\$438.90
	Full Family	\$1,754.42	\$1,789.51	\$121.46	\$688.27
VISION PLANS					
State Vision Plan	Applicant Only	\$5.16	\$5.27	\$0.00	\$2.38
	Applicant & Spouse	\$9.07	\$9.26	\$0.00	\$4.19
	Applicant & Child(ren)	\$11.08	\$11.30	\$0.00	\$5.12
	Full Family	\$15.02	\$15.32	\$0.00	\$6.93
Decline Vision Insurance	(n/a)				
DENTAL PLANS					
State Dental Plan	Applicant Only	\$45.31	\$46.22	\$1.05	\$19.87
	Applicant & Spouse	\$82.70	\$84.35	\$1.91	\$36.26
	Applicant & Child(ren)	\$100.71	\$102.73	\$2.32	\$44.16
	Full Family	\$137.95	\$140.71	\$3.18	\$60.49
Preventive Dental Plan	Applicant Only	\$6.48	\$6.61	\$0.00	\$2.99
	Applicant & Spouse	\$11.29	\$11.51	\$0.00	\$5.21
	Applicant & Child(ren)	\$11.29	\$11.51	\$0.00	\$5.21
	Full Family	\$16.08	\$16.40	\$0.00	\$7.42
Midwestern Dental Plan (DMO)	Applicant Only	\$34.65	\$35.34	\$0.00	\$15.99
	Applicant & Spouse	\$34.65	\$35.34	\$0.00	\$15.99
	Applicant & Child(ren)	\$34.65	\$35.34	\$0.00	\$15.99
	Full Family	\$34.65	\$35.34	\$0.00	\$15.99

<sup>1</sup> Active rates are provided for those employees on a leave of absence or layoff, who will return to work within the same plan year.

## 2015-2016 COBRA PREMIUM RATES FOR LIFE INSURANCE

For NERE and Bargaining Units: UAW (W22, W41), MSEA (A02, A31), and SEIU 517M (E42, H21, L32)

EFFECTIVE OCTOBER 11, 2015

		MONTHLY	
		Leave/Layoff (100%)	COBRA (102%)
<b>DEPENDENT LIFE OPTIONS</b>			
Spouse \$1,500 and/or Child(ren) \$1,000	F	\$0.43	(n/a)
Spouse \$5,000 and/or Child(ren) \$2,500	G	\$1.30	(n/a)
Spouse \$10,000 and/or Child(ren) \$5,000	H	\$2.60	(n/a)
Spouse \$25,000 and/or Child(ren) \$10,000	K	\$8.67	(n/a)
Child(ren) Only \$10,000	L	\$1.63	(n/a)
<b>EMPLOYEE LIFE OPTIONS</b>			
Employee Life Only (Fire & Rescue Employees Only )		56¢/\$1,000	(n/a)
Employee Life Only	E	52¢/\$1,000	(n/a)



### End of Rates

#### COBRA PREMIUM RATES

For NERE, and Bargaining Units: UAW (W22, W41),  
MSEA (A02, A31), SEIU 517M (E42, H21, L32)

[Return to  
Main Menu](#)

[Return to  
Rates Menu](#)

End of Section.  
Please use  
menu buttons  
above to  
navigate.

**COBRA PREMIUM RATES EFFECTIVE OCTOBER 1, 2015****For Bargaining Units: MCO (C12), AFSCME (U11), NON-REPRESENTATED (Z60-Z89) and JUDICIAL**Note: When choosing an HMO or DMO plan, review the [zip code list](#) for availability in your area at [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits).

		COBRA		1 Active Employee	
		MONTHLY		BIWEEKLY	
		Leave/Layoff (100%)	COBRA (102%)	Employee	State
HEALTH PLANS					
State Health Plan PPO	Applicant Only	\$676.26	\$689.78	\$62.42	\$249.70
	Applicant & Spouse	\$1,352.57	\$1,379.62	\$124.85	\$499.41
	Applicant & Child(ren)	\$1,190.26	\$1,214.06	\$109.87	\$439.48
	Full Family	\$1,866.54	\$1,903.87	\$172.30	\$689.19
State Health Plan PPO with Medicare Employee, COBRA participant, or Spouse with Medicare	Applicant Only	\$541.01	\$551.83	\$0.00	\$249.70
	Applicant & Spouse	\$1,082.06	\$1,103.70	\$0.00	\$499.41
	Applicant & Child(ren)	\$952.21	\$971.25	\$0.00	\$439.48
	Full Family	\$1,493.23	\$1,523.10	\$0.00	\$689.19
Catastrophic Health Plan	Applicant Only	\$34.26	\$34.94	\$0.00	\$15.81
	Applicant & Spouse	\$68.51	\$69.88	\$0.00	\$31.62
	Applicant & Child(ren)	\$68.51	\$69.88	\$0.00	\$31.62
	Full Family	\$68.51	\$69.88	\$0.00	\$31.62
Blue Care Network	Applicant Only	\$582.09	\$593.73	\$40.30	\$228.36
	Applicant & Spouse	\$1,164.18	\$1,187.46	\$80.60	\$456.72
	Applicant & Child(ren)	\$1,024.48	\$1,044.97	\$70.93	\$401.91
	Full Family	\$1,606.57	\$1,638.70	\$111.22	\$630.27
Health Alliance Plan	Applicant Only	\$553.89	\$564.97	\$38.35	\$217.30
	Applicant & Spouse	\$1,112.55	\$1,134.80	\$77.02	\$436.46
	Applicant & Child(ren)	\$978.48	\$998.05	\$67.74	\$383.87
	Full Family	\$1,537.14	\$1,567.88	\$106.42	\$603.03
HealthPlus of Michigan	Applicant Only	\$585.84	\$597.56	\$40.56	\$229.83
	Applicant & Spouse	\$1,171.68	\$1,195.11	\$81.12	\$459.66
	Applicant & Child(ren)	\$1,031.08	\$1,051.70	\$71.38	\$404.50
	Full Family	\$1,616.92	\$1,649.26	\$111.94	\$634.33
McLaren Health Plan	Applicant Only	\$488.74	\$498.52	\$33.84	\$191.74
	Applicant & Spouse	\$977.48	\$997.03	\$67.67	\$383.47
	Applicant & Child(ren)	\$860.18	\$877.38	\$59.55	\$337.46
	Full Family	\$1,348.92	\$1,375.90	\$93.39	\$529.19
Physicians Health Plan	Applicant Only	\$600.30	\$612.31	\$41.56	\$235.50
	Applicant & Spouse	\$1,200.59	\$1,224.60	\$83.12	\$471.00
	Applicant & Child(ren)	\$1,056.52	\$1,077.65	\$73.14	\$414.48
	Full Family	\$1,656.81	\$1,689.95	\$114.70	\$649.98
Priority Health Plan	Applicant Only	\$630.54	\$643.15	\$43.65	\$247.37
	Applicant & Spouse	\$1,261.08	\$1,286.30	\$87.31	\$494.73
	Applicant & Child(ren)	\$1,109.75	\$1,131.95	\$76.83	\$435.36
	Full Family	\$1,740.29	\$1,775.10	\$120.48	\$682.73
VISION PLANS					
State Vision Plan	Applicant Only	\$5.16	\$5.27	\$0.00	\$2.38
	Applicant & Spouse	\$9.07	\$9.26	\$0.00	\$4.19
	Applicant & Child(ren)	\$11.08	\$11.30	\$0.00	\$5.12
	Full Family	\$15.02	\$15.32	\$0.00	\$6.93
Decline Vision Insurance	(n/a)				
DENTAL PLANS					
State Dental Plan	Applicant Only	\$45.31	\$46.22	\$1.05	\$19.87
	Applicant & Spouse	\$82.70	\$84.35	\$1.91	\$36.26
	Applicant & Child(ren)	\$100.71	\$102.73	\$2.32	\$44.16
	Full Family	\$137.95	\$140.71	\$3.18	\$60.49
Preventive Dental Plan	Applicant Only	\$6.48	\$6.61	\$0.00	\$2.99
	Applicant & Spouse	\$11.29	\$11.51	\$0.00	\$5.21
	Applicant & Child(ren)	\$11.29	\$11.51	\$0.00	\$5.21
	Full Family	\$16.08	\$16.40	\$0.00	\$7.42
Midwestern Dental Plan (DMO)	Applicant Only	\$34.65	\$35.34	\$0.00	\$15.99
	Applicant & Spouse	\$34.65	\$35.34	\$0.00	\$15.99
	Applicant & Child(ren)	\$34.65	\$35.34	\$0.00	\$15.99
	Full Family	\$34.65	\$35.34	\$0.00	\$15.99

<sup>1</sup> Active rates are provided for those employees on a leave of absence or layoff, who will return to work within the same plan year.

## 2015-2016 COBRA PREMIUM RATES FOR LIFE INSURANCE

For Bargaining Units: MCO (C12), AFSCME (U11), NON-REPRESENTATED (Z60-Z89) and JUDICIAL

EFFECTIVE OCTOBER 11, 2015

		MONTHLY	
		Leave/Layoff (100%)	COBRA (102%)
<b>DEPENDENT LIFE OPTIONS</b>			
Spouse \$1,500 and/or Child(ren) \$1,000	F	\$0.43	(n/a)
Spouse \$5,000 and/or Child(ren) \$2,500	G	\$1.30	(n/a)
Spouse \$10,000 and/or Child(ren) \$5,000	H	\$2.60	(n/a)
Spouse \$25,000 and/or Child(ren) \$10,000	K	\$8.67	(n/a)
Child(ren) Only \$10,000	L	\$1.63	(n/a)
<b>EMPLOYEE LIFE OPTIONS</b>			
Employee Life Only (Fire & Rescue Employees Only )		56¢/\$1,000	(n/a)
Employee Life Only	E	52¢/\$1,000	(n/a)



### End of Rates

COBRA PREMIUM RATES

For Bargaining Units: MCO (C12), AFSCME (U11),  
NON-Represented (Z60-Z89) and Judicial

[Return to  
Main Menu](#)

[Return to  
Rates Menu](#)

End of Section.  
Please use  
menu buttons  
above to  
navigate.



## FY2015-2016 GROUP INSURANCE PREMIUM RATES

EFFECTIVE OCTOBER 11, 2015

**COBRA PREMIUM RATES FOR BARGAINING UNITS: MSPTA (T01)**Note: When choosing an HMO or DMO plan, review the [zip code list](#) for availability in your area at [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits).

		COBRA		Active Employee	
		MONTHLY		BIWEEKLY	
		Leave/Layoff (100%)	COBRA (102%)	Employee	State
HEALTH PLANS					
State Health Plan PPO	Applicant Only	\$676.26	\$689.78	\$62.42	\$249.70
	Applicant & Spouse	\$1,352.57	\$1,379.62	\$124.85	\$499.41
	Applicant & Child(ren)	\$1,190.26	\$1,214.06	\$109.87	\$439.48
	Full Family	\$1,866.54	\$1,903.87	\$172.30	\$689.19
COPS Trust Health Plan 1	Applicant Only	\$732.49	\$747.14	\$88.37	\$249.70
	Applicant & Spouse	\$1,465.08	\$1,494.38	\$176.78	\$499.41
	Applicant & Child(ren)	\$1,289.23	\$1,315.02	\$155.55	\$439.48
	Full Family	\$2,021.80	\$2,062.24	\$243.96	\$689.19
COPS Trust Health Plan 2	Applicant Only	\$533.82	\$544.50	\$0.00	\$246.38
	Applicant & Spouse	\$1,067.69	\$1,089.04	\$0.00	\$492.78
	Applicant & Child(ren)	\$939.55	\$958.34	\$0.00	\$433.64
	Full Family	\$1,473.49	\$1,502.96	\$0.00	\$680.07
COPS Trust Health Plan 3	Applicant Only	\$648.53	\$661.50	\$49.62	\$249.70
	Applicant & Spouse	\$1,297.18	\$1,323.13	\$99.29	\$499.41
	Applicant & Child(ren)	\$1,158.73	\$1,181.91	\$95.32	\$439.48
	Full Family	\$1,827.13	\$1,863.67	\$154.11	\$689.19
Catastrophic Health Plan	Applicant Only	\$34.26	\$34.94	\$0.00	\$15.81
	Applicant & Spouse	\$68.51	\$69.88	\$0.00	\$31.62
	Applicant & Child(ren)	\$68.51	\$69.88	\$0.00	\$31.62
	Full Family	\$68.51	\$69.88	\$0.00	\$31.62
Blue Care Network	Applicant Only	\$582.09	\$593.73	\$40.30	\$228.36
	Applicant & Spouse	\$1,164.18	\$1,187.46	\$80.60	\$456.72
	Applicant & Child(ren)	\$1,024.48	\$1,044.97	\$70.93	\$401.91
	Full Family	\$1,606.57	\$1,638.70	\$111.22	\$630.27
Health Alliance Plan	Applicant Only	\$553.89	\$564.97	\$38.35	\$217.30
	Applicant & Spouse	\$1,112.55	\$1,134.80	\$77.02	\$436.46
	Applicant & Child(ren)	\$978.48	\$998.05	\$67.74	\$383.87
	Full Family	\$1,537.14	\$1,567.88	\$106.42	\$603.03
HealthPlus of Michigan	Applicant Only	\$585.84	\$597.56	\$40.56	\$229.83
	Applicant & Spouse	\$1,171.68	\$1,195.11	\$81.12	\$459.66
	Applicant & Child(ren)	\$1,031.08	\$1,051.70	\$71.38	\$404.50
	Full Family	\$1,616.92	\$1,649.26	\$111.94	\$634.33
McLaren Health Plan	Applicant Only	\$488.74	\$498.52	\$33.84	\$191.74
	Applicant & Spouse	\$977.48	\$997.03	\$67.67	\$383.47
	Applicant & Child(ren)	\$860.18	\$877.38	\$59.55	\$337.46
	Full Family	\$1,348.92	\$1,375.90	\$93.39	\$529.19
Physicians Health Plan	Applicant Only	\$600.30	\$612.31	\$41.56	\$235.50
	Applicant & Spouse	\$1,200.59	\$1,224.60	\$83.12	\$471.00
	Applicant & Child(ren)	\$1,056.52	\$1,077.65	\$73.14	\$414.48
	Full Family	\$1,656.81	\$1,689.95	\$114.70	\$649.98
Priority Health Plan	Applicant Only	\$630.54	\$643.15	\$43.65	\$247.37
	Applicant & Spouse	\$1,261.08	\$1,286.30	\$87.31	\$494.73
	Applicant & Child(ren)	\$1,109.75	\$1,131.95	\$76.83	\$435.36
	Full Family	\$1,740.29	\$1,775.10	\$120.48	\$682.73
VISION PLANS					
State Vision Plan	Applicant Only	\$5.16	\$5.27	\$0.00	\$2.38
	Applicant & Spouse	\$9.07	\$9.26	\$0.00	\$4.19
	Applicant & Child(ren)	\$11.08	\$11.30	\$0.00	\$5.12
	Full Family	\$15.02	\$15.32	\$0.00	\$6.93
Decline Vision Insurance	(n/a)				
DENTAL PLANS					
State Dental Plan	Applicant Only	\$45.31	\$46.22	\$1.05	\$19.87
	Applicant & Spouse	\$82.70	\$84.35	\$1.91	\$36.26
	Applicant & Child(ren)	\$100.71	\$102.73	\$2.32	\$44.16
	Full Family	\$137.95	\$140.71	\$3.18	\$60.49
Preventive Dental Plan	Applicant Only	\$6.48	\$6.61	\$0.00	\$2.99
	Applicant & Spouse	\$11.29	\$11.51	\$0.00	\$5.21
	Applicant & Child(ren)	\$11.29	\$11.51	\$0.00	\$5.21
	Full Family	\$16.08	\$16.40	\$0.00	\$7.42
Midwestern Dental Plan (DMO)	Applicant Only	\$34.65	\$35.34	\$0.00	\$15.99
	Applicant & Spouse	\$34.65	\$35.34	\$0.00	\$15.99
	Applicant & Child(ren)	\$34.65	\$35.34	\$0.00	\$15.99
	Full Family	\$34.65	\$35.34	\$0.00	\$15.99

<sup>1</sup>Active rates are provided for those employees on a leave of absence or layoff, who will return to work within the same plan year.

FY2015-2016 COBRA PREMIUM RATES FOR LIFE INSURANCE  
**COBRA PREMIUM RATES FOR BARGAINING UNITS: MSPTA (T01)**  
 EFFECTIVE OCTOBER 11, 2015

		MONTHLY	
		Leave/Layoff (100%)	COBRA (102%)
<b>DEPENDENT LIFE OPTIONS</b>			
Spouse \$1,500 and/or Child(ren) \$1,000	F	\$0.43	(n/a)
Spouse \$5,000 and/or Child(ren) \$2,500	G	\$1.30	(n/a)
Spouse \$10,000 and/or Child(ren) \$5,000	H	\$2.60	(n/a)
Spouse \$25,000 and/or Child(ren) \$10,000	K	\$8.67	(n/a)
Child(ren) Only \$10,000	L	\$1.63	(n/a)
<b>EMPLOYEE LIFE OPTIONS</b>			
Employee Life Only (Fire & Rescue Employees Only )		56¢/\$1,000	(n/a)
Employee Life Only	E	52¢/\$1,000	(n/a)



**End of Rates**  
 COBRA PREMIUM RATES  
 For Bargaining Unit: MSPTA (T01)

[Return to  
Main Menu](#)

[Return to  
Rates Menu](#)

End of Section.  
Please use  
menu buttons  
above to  
navigate.

---

To View Rates Choose the Status that Applies to You:

---

Active Employee  
*(currently in pay status)*

COBRA  
*(including medical leave of absence,  
layoff or separation)*

Judicial Branch or  
Non-Represented *(Z60-Z89)*

DROP\*

\* Deferred Retirement Option Plan (DROP) is a supplemental benefit program *only* available to members of the Michigan State Police Retirement System.

---

Which bargaining agreement are you covered by?

---

None (NERE)

UAW

SEIU Local 517M

MCO

MSPTA

AFSCME

MSEA

None (Judicial)

---

## Choose the Position that Applies to You:

---

DROP Troopers

DROP  
Command Officers

Deferred Retirement Option Plan (DROP) is a supplemental benefit program *only* available to members of the Michigan State Police Retirement System.

---

Which bargaining agreement are you covered by?

---

None (NERE)

UAW

SEIU Local 517M

MCO

MSPTA

AFSCME

MSEA

None (Judicial)